Dear Liquor License Applicant:

As a potential liquor license holder, you will find a copy of the City of Warrenville ordinances included with your license application packet. These ordinances govern the condition of your license and also spell out prohibited activities.

As Liquor Commissioner, it is my responsibility to see that these ordinances are adhered to for the safety of the public and to ensure that responsible business practices are in place, regarding the sale of alcoholic beverages by license holders.

The City is very serious with the enforcement of the Liquor Code, and regularly conducts random compliance checks. Violations of the City Liquor Code will result in citations, fines, and even suspension of licenses.

The Warrenville Police Department notifies the Liquor Commissioner of Administrative Liquor License violations. Upon notification and City Attorney review and approval, the licensee will be notified of the alleged violation and will have the opportunity to:

- Contest the violation at an administrative hearing.
- Stipulate to the violation and agree to the prescribed sanction, as set forth by the Liquor Commissioner.

Please be aware that the application process may take six to ten weeks for completion. If you have additional questions concerning Administrative Liquor License violations, please contact Chief of Police, Raymond G. Turano at (630) 393-2131.

Sincerely,

[Signature]

David L. Brummel
Liquor Commissioner

DLB/at
Liquor License Application
Acknowledgement
Of
Receipt of
Rules and Regulations

I ___________________________________________ applying for a liquor license for
(please print)

_________________________________________ located at ____________________________
(business name) (street address)

have read and acknowledge receipt of the City of Warrenville Liquor License Application
packet. I understand the City Code and will abide by all of the requirements therein set.

__________________________________________
Signature

__________________________________________
Date
APPLICATION FOR LIQUOR LICENSE

Check One: □ Corporation □ LLC, LLP, or LP □ General Partnership □ Sole Proprietor

Date: ________________________________

Local Information:

Owner: ________________________________

d/b/a: ________________________________

Local Business Name Registered with County

Local Address: ________________________________

City, State, Zip: Warrenville, IL 60555

Local Phone: (630) ________________________

City of Warrenville Business ID No. ________________

Corporate, LLC, LLP, LP Information:

Registered Company Name: ________________________________

Registered Address (no P.O. Boxes):

Mailing address if different from above:

Phone: ________________________________

Types of Licenses: (Attach copy of DuPage Health Department permit if applicable)

Liquor Class ______

Total Amount Due $ ________________________________

***PLEASE PRINT***

Local Manager's Full Name:

Last

First

M.I.

Home Address: ________________________________

City, State, Zip: ________________________________

Home Phone: (______)

Driver's License: ________________________________

Signature of Local Manager __________________________ Date __________________________

Received By:

City of Warrenville, Fiscal Clerk ________________________________

Zoning Approval:

Zoning Official ________________________________

Date: __________________________ Date: _________ Zoning Class: ________
CITY OF WARRENVILLE
RETAIL LIQUOR DEALER'S LICENSE APPLICATION

(For Office Use Only):

Business Name: ________________________________

License Number: ____________ Class: ______________

Date Issued: ______________ Fee: _________________

The undersigned hereby makes application for a retail liquor dealer's license pursuant to the provisions of the City Code of the City of Warrenville (as amended) regulating the sale of alcoholic liquors in the City of Warrenville, County of DuPage, Illinois and all amendments thereto now in force and effect.

(Please Check Applicable Box):

☐ New Application ☐ Renewal Application

(Please print or type):

Current Date: ______________ License Class #: ______________

License Period (From): ______________ (To): ______________

Date Date

Applicant: ________________________________

(Name of Sole Proprietor, Partnership, Corporation, Limited Liability Company, etc.)

d/b/a: ________________________________

Local Business Address: ________________________________

______________________________

Mailing Address (if different than Business Address): ________________________________

______________________________

Business Phone Number: ( ) ______________

Fax Number: ( ) ______________

Name of Local Contact Person: ________________________________

Phone Number of Local Contact Person: ( ) ______________

Title of Local Contact Person (Manager, Owner, President, etc.): ________________________________
1. Check the appropriate category:

☐ A. Sole Proprietorship (Must sign page 13)

☐ B. General Partnership (Must sign page 13)

☐ C. Limited Partnership
   (Two (2) general partners must sign page 13) (← Please note)

☐ D. Corporation or Club
   (Two (2) officers must sign page 13) (← Please note)
   (Attach a copy of Corporate Charter, Articles of Incorporation, or Annual Report) ☐ On File (← Please attach)

☐ E. Limited Liability Company
   (Two (2) officers must sign page 13) (← Please note)
   (Attach a copy of Articles of Organization) ☐ On File (← Please attach)

2. Illinois Business Tax Number:

3. If Corporation, please answer the following questions:

A. Date of incorporation: __________________________ Date

B. State of incorporation: __________________________ Name of State

C. If foreign Corporation, date qualified under Illinois Business Corporation Act to transact business in Illinois: __________________________ Date

D. Type of business (i.e., restaurant, hotel, etc.):

4. If Limited Liability Company, please answer the following questions:

A. Date of formation: __________________________ Date

B. State of formation: __________________________ Name of State

C. If foreign company, date registered to transact business in Illinois:
   __________________________ Date

D. Type of business (i.e., restaurant, hotel, etc.):

5. Length of time in business: __________________________
6. Total square footage: _______________ Seating capacity: _______________

7. Value of liquor merchandise now on hand: $______________

8. Are the premises located within 100 feet of any church, school, hospital, home for the aged, indigent, or veterans, their spouses or children, or any military or naval station: ☐ Yes ☐ No

9. Do you lease or own the premises: ☐ Lease ☐ Own
   A. If leased, date lease expires: ________________________________
      Copy of current lease is attached:
         ☐ Yes ☐ Already On File
   B. If leased, name and address of owner(s) of premises:
      Name: _______________ Name: _______________
      Address: _______________ Address: _______________
      ________________________ ________________________
      Name: _______________ Name: _______________
      Address: _______________ Address: _______________
      ________________________ ________________________
      Name: _______________ Name: _______________
      Address: _______________ Address: _______________
      ________________________ ________________________
   C. Are premises held in trust? ☐ Yes ☐ No
      If yes, provide name and address of all Owners of the beneficial interest of such trust (If name and address are unavailable, list name of bank and Document or Trust #) (← Please note)
      Name: _______________ Name: _______________
      Address: _______________ Address: _______________
      ________________________ ________________________
      Name: _______________ Name: _______________
      Address: _______________ Address: _______________
      ________________________ ________________________
      Name: _______________ Name: _______________
      Address: _______________ Address: _______________
      ________________________ ________________________
10. If an Individual or Partnership, list the following:
   (If Corporation or Limited Liability Company, skip to page 7)
   
   • All Owners.
   • Any general partner(s) or limited partner(s) owning more than 5 percent of the total limited partnership interest.
   • The business manager.

   (Please include the full name; date of birth; place of birth; citizenship; naturalization date and place (if applicable); home address; home telephone number; driver's license number, and social security number).

   (Attach additional pages, if necessary)

   Name: ____________________________
   Last                                      First                                      Middle

   Date of Birth: ___/___/______  Place of birth: ________________________________

   Citizenship: ________________________  Naturalization: ________________________
   (If applicable)  (If applicable)

   Date: ____________________________  Place: ________________________________

   Home address: ______________________________

   City: ____________________________  State: ____________________________  Zip Code: __________

   Home phone #: ( ) ____________________  Work phone #: ( ) __________________
   Social Security #: ____________________  Driver's License #: ____________________

   Position: __________________________  Percent of Ownership: ____________________
   (Owner, Partner, Business Manager, etc.)

   Name: ____________________________
   Last                                      First                                      Middle

   Date of Birth: ___/___/______  Place of birth: ________________________________

   Citizenship: ________________________  Naturalization: ________________________
   (If applicable)  (If applicable)

   Date: ____________________________  Place: ________________________________

   Home address: ______________________________

   City: ____________________________  State: ____________________________  Zip Code: __________

   Home phone #: ( ) ____________________  Work phone #: ( ) __________________
   Social Security #: ____________________  Driver's License #: ____________________

   Position: __________________________  Percent of Ownership: ____________________
   (Owner, Partner, Business Manager, etc.)
If Corporation or Limited Liability Company, list the following:

- All Officers
- All Directors
- All persons owning more than 5 percent of the aggregate stock of the Corporation or interest in the Company

(Attach additional pages if necessary)

(Please include the full name; date of birth; place of birth; citizenship; naturalization date and place (if applicable); home address; home telephone number; driver's license number, and social security number).

Name: ____________________________

            Last           First            Middle

Date of Birth: ______/_____/____   Place of birth: ________________________________

Citizenship: ____________________ Naturalization: ________________________________

(if applicable)                  (if applicable)

Date: __________________________ Place: _________________________________________

Home address: ____________________________

City: __________________ State: __________________ Zip Code: ______________

Home phone #: (   ) __________________ Work phone #: (   ) __________________

Social Security #: ____________________ Driver's License #: ______________________

Position: __________________________ Percent of Ownership: ______________________

(Officer, Director, etc.)

--------------------------------------------------------------------------------------------------

Name: ____________________________

            Last           First            Middle

Date of Birth: ______/_____/____   Place of birth: ________________________________

Citizenship: ____________________ Naturalization: ________________________________

(if applicable)                  (if applicable)

Date: __________________________ Place: _________________________________________

Home address: ____________________________

City: __________________ State: __________________ Zip Code: ______________

Home phone #: (   ) __________________ Work phone #: (   ) __________________

Social Security #: ____________________ Driver's License #: ______________________

Position: __________________________ Percent of Ownership: ______________________

(Officer, Director, etc.)
11. Is applicant licensed as a restaurant? □ Yes □ No

If yes, a copy of your DuPage County Health Department Environmental Health Services Permit must be attached. □ Yes, copy is attached

12. Does applicant or any person listed in question 10 have a current liquor license at any other location? □ Yes □ No

If yes, who issued the license? ________________________________ (Name of Licensing Authority)

Location of Establishment ________________________________ (Address)

13. Has the applicant or any person listed in question 10 held a liquor license in the past? □ Yes □ No

If yes, who issued the license? ________________________________ (Name of Licensing Authority)

Location of Establishment ________________________________ (Address)

License Term - Beginning: ___________ Ending: ___________

14. Has any previous liquor license issued to applicant or any person in question 10 ever been suspended or revoked? □ Yes □ No

If yes, provide licensing authority and reasons why suspended or revoked:

________________________________________________________________________

________________________________________________________________________

15. Has any liquor license issued to applicant or any person in question 10 been subjected to any form of disciplinary action, including fines? □ Yes □ No

If yes, provide name of licensing authority and reasons why fined or disciplined:

________________________________________________________________________

________________________________________________________________________

16. Does the applicant or any person listed in question 10 possess a current federal wagering or gaming device stamp? □ Yes □ No

If yes, describe: __________________________________________

________________________________________________________________________

17. Is applicant or any person listed in question 10 disqualified from receiving a liquor license or renewal by reason of any matter contained in Illinois State Law or City of Warrenville ordinances? □ Yes □ No
18. Does applicant have dram shop insurance to cover the premises sought to be licensed?  ☐ Yes  ☐ No

(Attach verification of policy, with the City of Warrenville list as Certificate Holder  (← Please attach)

Policy MUST include:
• Insurer's name
• Agent's name
• Date of expiration of policy (Must cover date of Liquor License 05/01 thru 04/30)
• Amount of coverage
• Type of coverage

19. Current State of Illinois Liquor License is attached:
☐ Yes  ☐ On File  (← Please attach)

20. Please read and initial each of the following sections:

A. The applicant, or person signing on behalf of the applicant, affirms that if this applicant is granted a liquor license and thereafter the applicant acquires, hires, or appoints a new manager not listed as a manager in this retail liquor license application, that within five (5) days of the date of the new manager commencing his/her duties, and submit to fingerprinting and a background check, the applicant shall notify the City of Warrenville Finance Department and request "Statement of Manager" documents which shall be completed and returned to the Finance Department for further processing and approval by the Appropriate authorities.

I have read the above paragraph __________________________
(Initials)

B. By attachment of his/her signature, the applicant affirms that no person identified in this application is a public official or a law enforcement officer.

I have read the above paragraph __________________________
(Initials)

C. By attachment of his/her signature, the applicant affirms that he/she and all individuals required to be identified in this application, have not in the past and will not in the future violate any of the laws of the State of Illinois, or of the United States, or any ordinance of the City of Warrenville controlling the retail sale of alcoholic liquor and the conduct of his/her place of business, other than as indicated on page 9 of this application.

I have read the above paragraph __________________________
(Initials)

D. By attachment of his/her signature, the applicant affirms that he/she and all individuals required to be identified in this application, have never sold, delivered, or given away alcoholic liquor in violation of any State law or City ordinance to a person under the minimum age required to purchase or possess liquor, other than as indicated on page 9 of this application.

I have read the above paragraph __________________________
(Initials)
E. By attachment of his/her signature, the applicant affirms that he/she and all individuals required to be identified in this application have never been convicted of a felony or a Class A misdemeanor and are not disqualified to receive a liquor license by reason of any matter or thing contained in the laws of the State of Illinois or the provisions of the Liquor Control Ordinance of the City of Warreneville.

I have read the above paragraph ____________________________
(Initials)

F. The applicant affirms that he/she and all individuals required to be identified in this application acknowledge that the granting of a liquor license is:

• a matter of privilege, not a right
• that citizens of the City of Warreneville have traditionally and customarily enjoyed and professed a high regard for decency and morality
• that certain displays and activities are prohibited with the sale of alcoholic liquor as set forth in the Liquor Control ordinance of the City of Warreneville.

I have read the above paragraph ____________________________
(Initials)

G. The applicant acknowledges that he/she and all individuals required to be identified in this application understand and will obey the provisions of the Liquor Control ordinance of the City of Warreneville.

I have read the above paragraph ____________________________
(Initials)

H. By attachment of his/her signature, the applicant affirms that he/she and all persons required to be identified in this application, have not received or borrowed money or anything else of value, and that he/she will not receive or borrow money or anything else of value (other than merchandising credit in the ordinary course of business for a period of not to exceed 30 days, as expressly permitted under Section A of 235 Illinois Compiled Statutes 5/6-5 of the Illinois liquor control act), directly or indirectly from any manufacturer, importing distributor or distributor representative of any such manufacturer, nor be a part in any way, directly or indirectly, to any violation by a manufacturer, distributor or importing distributor of 235 Illinois Compiled Statutes 5/6-5 of the Illinois liquor control act.

I have read the above paragraph ____________________________
(Initials)
1. Applicant understands that he/she and all persons required to be identified in the application may be required to be fingerprinted. All such fingerprinting shall be done by the City of Warrenville Police Department. Said fingerprints shall be submitted to the appropriate State and/or Federal agencies for processing as available. The cost of fingerprinting shall be recoverable from the applicant.

I have read the above paragraph ____________________________

(Initials)

21. Statement on company letterhead signed by an officer stating that all employees under the age of twenty-one (21) have completed the Beverage Alcohol Sellers and Services Education and Training (BASSET) program or the Training for Intervention Procedures (TIPS) program or a credited program by showing proper documentation, is attached. For employees twenty-one (21) and over who have had no BASSET or TIPS, the letter states that the owner/manager has given them the training necessary to prevent them from selling to a minor.

(Attach Statement)  

(← Please attach)

Statement is attached ____________________________

(Initials)
SIGNATURE PAGE

The Applicant(s) in whose name this application is made or; The Corporation in whose name this application is made, if a Corporation; or The Limited Liability Company (Ltd.) in whose name this application is made, if a Company

reaffirms all of the foregoing statements to be true and correct to the best of his/her knowledge and belief.

We further affirm that we are familiar with the laws of the United States, State of Illinois, and the ordinances of the City of Warrenville relating to the sale of alcoholic liquor.

Applicant(s) agrees not to violate any of the laws of the United States, State of Illinois, or any of the ordinances of the City of Warrenville in the conduct of business described herein.

CORPORATION OR LIMITED LIABILITY COMPANY
(2 Officers Must Sign Here):

Name: ___________________________  Name: ___________________________
(Print)

Title: ___________________________  Title: ___________________________

Signature: ________________________  Signature: ________________________

Date: ___________________________  Date: ___________________________

--------------------------------------------------------------------------------

INDIVIDUAL OR PARTNERSHIP
(2 Partners Must Sign Here)

Name: ___________________________  Name: ___________________________
(Print)

Title: ___________________________  Title: ___________________________

Signature: ________________________  Signature: ________________________

Date: ___________________________  Date: ___________________________

--------------------------------------------------------------------------------

Corporate Seal

Subscribed and Sworn to me this ________ day of 
__________ 20__

______________________________
Notary Public

Notary Seal
WAIVER
CITY OF WARRENVILLE
RETAIL LIQUOR DEALER'S LICENSE APPLICATION

In connection with my application referred to above, I authorize the City of Warreenville to obtain, prepare, and use information concerning my current and former employment, general reputation and criminal history:

(Please complete all questions):

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address:</td>
</tr>
<tr>
<td>Home Phone Number:</td>
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<tr>
<td>( )</td>
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<tr>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Social Security Number:</td>
</tr>
<tr>
<td>Driver's License Number:</td>
</tr>
<tr>
<td>Type of Permit:</td>
</tr>
<tr>
<td>New or Renewal Permit:</td>
</tr>
</tbody>
</table>

________________________________________
Applicant's Signature

________________________________________
Date

Subscribed and Sworn to before me this _____ day of ___________
20__.

________________________________________
Notary Public
CITY OF WARRENVILLE
STATEMENT OF MANAGER OR AGENT CONDUCTING BUSINESS
AS AN EMPLOYEE OF LIQUOR LICENSE APPLICANT

(Supplement to City of Warrenville Retail Liquor License Application)

The statements contained herein are hereby made a part of the application submitted by

(Name of Applicant as shown on Liquor License Application)

for the issuance of a City of Warrenville Retail Liquor Dealer's License for the premises located at

(Address as shown on Liquor License Application)

1. Name of manager or agent:

2. Home address: _______________________________________________________  
   Home Phone: ______________________  Cell Phone: _________________________

3. Date of birth: __________ Place of Birth: ________________________________

4. Have you been fingerprinted by the Warrenville Police Dept. for the purpose of this application?  
   Yes ☐ No ☐ If yes, when ________________________________

5. Are you a citizen of the United States?  ☐ Yes ☐ No

   If you are a naturalized citizen, when were you naturalized and where? ________________________________

6. Have you ever been convicted of any felony under any Federal or State law?  Yes ☐ No. ☐

   If yes, give the date, the nature of the offense, and the disposition of said conviction(s):

   Date: __________________________

   Nature of offense: ____________________________________________________

   Disposition of conviction(s)______________________________________________

7. Have you ever been convicted of being the keeper of a house of ill fame; of pandering; or other crime  
   or misdemeanor opposed to decency and morality?  ☐ Yes ☐ No.

   If yes, give the date, the nature of the offense, and the disposition of said conviction(s):

   Date(s): _______________________ Nature of offense(s): ________________________

   Disposition of conviction(s)______________________________________________
8. Have you ever been convicted of a violation of any Federal or State liquor law?  
☐ Yes  ☐ No.

If yes, give the date and disposition of said conviction(s): Date: ______________________

Disposition of conviction(s): _______________________________________________________

9. Has a Federal wagering stamp been issued to you by the Federal government for the current tax period?  ☐ Yes  ☐ No. If yes, state the specifics: ___________________________________________________

10. Has any license previously issued to you by the State, Federal, or local authorities been revoked?  ☐ Yes  ☐ No.

If yes, state the date and reasons for revocation: Date: ______________________

Reason for revocation: _____________________________________________________________

11. A. In what capacity are you employed by the applicant:  ☐ Manager  ☐ Agent

B. Give the name of the person who appointed/hired you to your present capacity: ________________

______________________________

Date of appointment: ______________________

C. Have you been appointed by resolution of a Board of Directors or Board of Trustees:  ☐ Yes  ☐ No.

If yes, give the date of the passage of the resolution: ______________________

12. Employment History for the last five (5) years:

Employer: ________________________________

Address of Employer: ________________________________

Street Address City/State/Zip

Type of Employment: ________________________________

******************************************************************************

Employer: ________________________________

Address of Employer: ________________________________

Street Address City/State/Zip

Type of Employment: ________________________________

******************************************************************************
Employer: ________________________________

Address of Employer: ________________________________

Type of Employment: ________________________________________

Employer: ________________________________

Address of Employer: ________________________________

Type of Employment: ________________________________________

AFFIRMATION

I, ________________________________, affirm that the information and statements contained in this
(PRINT NAME)

STATEMENT OF MANAGER OR AGENT are true and correct to the best of my knowledge and

belief.

______________________________

Signature

______________________________

Date

SUBSCRIBED AND SWORN TO BEFORE ME
THIS _____ DAY OF ____________, 20__.

______________________________

Notary Public
WAIVER
CITY OF WARRENVILLE
STATEMENT OF MANAGER OR AGENT CONDUCTING BUSINESS
AS AN EMPLOYEE OF LIQUOR LICENSE APPLICANT

In connection with my Statement of Manager or Agent as referred to above, I authorize the City of Warreenville to obtain, prepare, and use information concerning my current and former employment, general reputation and criminal history:

(please complete all questions):

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<tr>
<td>Type of Permit:</td>
</tr>
<tr>
<td>New or Renewal Permit:</td>
</tr>
</tbody>
</table>

____________________________________
Applicant's Signature

____________________________________
Date

Subscribed and Sworn to before me this ______ day of ________________ 20____.

__________________________
Notary Public
CHECK-OFF LIST
Attachments and Signatures

____ If Corporation, copy of Corporate Charter, Articles of Incorporation, or Annual Report is attached or on file (page 3, 1.D.)

____ If Limited Liability Company, Articles of Organization is attached or on file (page 3, 1.E)

____ If premises is leased, a copy of current lease is attached or on file (page 4, 9.A.)

____ Certificate of Insurance for Liquor Liability is attached and covers entire license period (10, 18)

____ "Statement of Manager" form is completed and attached, if applicable

____ Current State of Illinois Liquor License attached or on file (page 10, 19.)

____ Questions 20.A. through I., and question 21 have been read and initialed by applicant (pages 10-12)

____ Statement on company letterhead signed by an officer stating all employees have taken and passed the BASSET/TIPS program noted on page 12

____ Page 13 is signed by 2 partners, 2 officers, or sole proprietor, and notarized

____ Waiver is completed, signed, and notarized (page 14)

____ Payment is attached

____ DuPage County Health Permit is attached if applicable